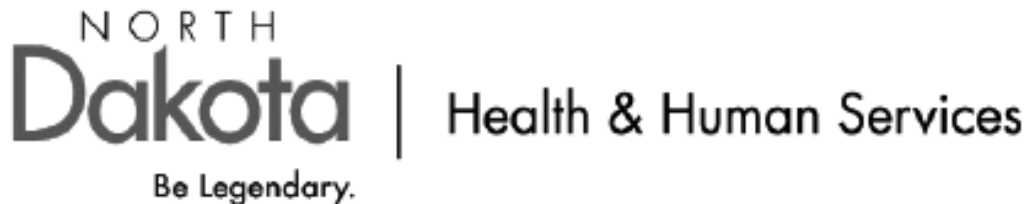


April 2023

QUALIFIED SERVICE PROVIDER Agency Handbook

Enrollment Procedures & Required Standards

Issued by:



QSP Handbooks are available at the following website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

Agency QSP's are required to have a copy of the most current Handbook on file.

**A Forms Packet is also required
complete your application.**

*This handbook contains the requirements for you to enroll as a provider
delivering services for which you want to receive public pay.*

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Need help completing the application?

For assistance or questions completing the application, contact:



What is the QSP Hub?

The QSP Hub serves as the resource center for agency and individual QSPs throughout North Dakota.

What is the goal of the QSP Hub?

Our goal is to create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.

What can the QSP Hub help me with?

One-on-one individualized support via email, phone, or video conferencing to assist with:

- Enrollment
- Service authorizations
- Electronic visit verification
- Documentation
- Billing processes
- Revalidation
- Business operations and processes
- Education Tools
- Training Events
- One-on-one support

How to contact QSP Hub:

- Website <https://www.NDQSPHub.org>
- Email Info@NDQSPHub.org
- Call 701-777-3432
- Facebook <https://www.facebook.com/NDQSPHub/>

See additional information about the QSP Hub in the Appendix or online.

Provider Enrollment Contact Information



Noridian Healthcare Solutions provides QSP enrollment services for the state of North Dakota.

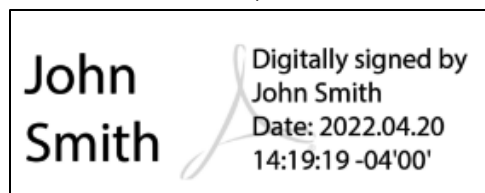
Send completed packets by email or mail to:

Email: QSPEnrollment@noridian.com

Phone: **701-277-6933** (*Voicemail only*)

Mail: Noridian Healthcare Solutions
Attn: ND Medicaid Provider Enrollment QSP
PO Box 6055
Fargo, ND 58108-6055

- All forms must be completed with a pen or typed.
- Signatures on forms cannot be typed; the following signature formats are acceptable:
 - Handwritten signature (in pen)
 - A digital signature that includes an automatically populated date and time;
 - Example:



Home & Community Based Services (HCBS) Information

Health and Human Services (HHS) funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled, which includes services essential and appropriate to sustain individuals in their homes and communities and to delay or prevent institutional care. Clients are assessed by a Case Manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

Once the client is found eligible, the following law applies:

- Effective July 1, 1989, state law requires that each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code (this includes HCBS), or the person's representative, must be free to choose among available qualified service providers (QSP's) that offer competitively priced services.
- The law also states that HCBS Case Managers must inform each eligible client of the available QSPs in their service area to provide the service(s) needed by the eligible aged or disabled client.

QSP agency providers may be eligible to provide the following services: Adult Day Care, Adult Residential Care, Assisted Living Facility – Personal Care, Case Management, Chore Service, Community Support, Companionship, Emergency Response System, Environmental Modification, Extended Personal Care (Nurse and Non-Nurse), Home Delivered Meals, Homemaker, Non-Medical Transportation (Driver and Escort), Nurse Education, Nursing Assessment, Personal Care, Residential Habilitation, Respite Care, Specialized Equipment, Supervision, Supported Employment, Transition Coordination, and Transitional Living.

- **If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.**
- **If you have not provided services to a public paying client or provided services in which the HCBS Department is billed within the last 12 months, your QSP status may be closed.**

Definitions:

- Abuse: Any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable adult.
- Adaptive Equipment: Equipment and supplies, which enable recipients to increase their abilities to perform ADLs. See also “Specialized Equipment and Supplies”.
- Adult Day Care (ADC): A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis, one or more days per week and encompasses both health and social services needed to ensure the optimal functioning of the individual.
- Adult Residential Care (ARC): Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.
- Agency Provider: An agency that enrolls with Health and Human Services (HHS) as a QSP, which allows that agency to bill HHS for services rendered within the authorized amount.
- Aggregator: supports claims integration and claims auditing, allowing payers to connect adjudication to visit verification data in real time.
- Case Management (CM): Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner. The specialized assistance is based on the results of a comprehensive assessment.
- Case Manager (CM): An agency staff member who is a Licensed Social Worker (LBSW) and who is responsible for completing a comprehensive assessment, developing and implementing of client's plan of care for service.
- Chore: Tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.
- Client: An individual who meets the eligibility requirements and is receiving services from the Department.
- Client Share (also known as Service Fee, Cost Share, or Recipient Liability): Amount a client required to pay towards the cost of services. This amount is deducted from the QSP's payment prior to payment being issued. The QSP then collects this amount from the client.
- Community Support (CS): Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.

- Community Transition (CT): Transition Coordination service used to assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.
- Companionship (COMP): Non-medical care, supervision and socialization, provided to a waiver recipient who lives alone or with an individual who is not capable or obligated to provide the service. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service must be provided in accordance with a therapeutic goal in the service plan.
- Competency Level: Skills and abilities required to do something well or to a required standard.
- Cost Share: (see Client Share)
- Critical Incidents: any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.
- Documentation: Written records of the start time, end time and the specific service/task provided for a client.
- Electronic Visit Verification (EVV): is a Federal requirement from the 21st Century Cures Act that will impact QSPs. EVV is a system that uses a mobile device application in a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals in their homes by providers. This electronically verifies that the service was provided at a particular location where the service is authorized as required by the law. This will be effective January 1, 2020 and can be used for billing and payment of services.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: These endorsements will apply to all clients requiring this endorsement.
 - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Emergency Response System and Installation (ERS): Installation and monthly monitoring of an electronic device enabling the client to secure help in an emergency by activating the “help” button they are wearing. The system is connected to the client’s phone and programmed to signal a response center once a “help” button is activated.
- Environmental Modification (EM): Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home. The home must be owned by the recipient or the recipient’s family member.
- Extended Personal Care Nurse/Non-Nurse (EPCS): Hands on care of a medical nature that is specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator to the Extended Personal Care service provider.
- Financial Exploitation: Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary

relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means

- Fraud: A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.
- Home Delivered Meals (HDM): The provision of a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for themselves, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.
- Homemaker (HM): Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Program Plan (IPP): An individualized plan that describes the tasks or training that will be done for a client receiving Transitional Living or Community Transition services. The IPP shows how the QSP will work toward the client's goals.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.
- Medical Services Division/The Department: A division within HHS with administrative responsibility to enroll QSPs, conduct audits, and set rates for services.
- Mental Anguish: Psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms
- National Provider Identifier Number (NPI): An NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information.
- Non-Medical Transportation (NMT): Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
- Neglect: The failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.
- Non-Medical Transportation, Driver with Vehicle (NMT-D): Driver with vehicle is considered as only transporting the client, taking the client to and from his/her home and points of destination for essential services.
 - NMT Providers are responsible to maintain employee records throughout employment to show continuous, current proof of vehicle insurance. This information must be kept in your employee personnel files only. You do not need to submit this information to the Department unless requested during an audit.
 - If the provider plans to use a vehicle they do not own, written permission from the owner of the vehicle is required to use for services of Non-Medical Transportation.
- Non-Medical Transportation Escort (NMT-E): An escort may be authorized to accompany a client who uses public transportation IF the client requires assistance in boarding and exiting as well as while being transported AND the escort must be needed by the client in completing the activity. A QSP cannot be reimbursed for escort services while driving.
- ND Health Enterprise MMIS Portal (MMIS): The North Dakota Medicaid system in which payment for QSP Services is processed.

- Nurse Education (NE): A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Care Services. This service is provided by a QSP employee who is a nurse licensed by and in good standing with the ND Board of Nursing.
- Nursing Assessment (NA): This service is used in conjunction with Community Transition services to provide an assessment to individuals with a medical need.
- Personal Care (PC): Assistance with bathing, dressing, toileting, incontinence, medication assistance, transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include assistance with environmental activities as authorized by the HCBS Case Manager.
- Physical Injury: Damage to bodily tissue caused by nontherapeutic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.
- Provider Number: Number assigned to the enrolled QSP.
- Quality Improvement (QI) Program: A program that identifies, addresses, and mitigates harm to individuals being served. Agencies are required to meet five core standards.
- Recipient Liability (RL): (see Client Share)
- Remittance Advice (RA): A document created in MMIS that lists the claims submitted, including the days billed, amount billed, amount paid, or amount denied for that payment period. It also includes the payment total for the past year. If the claim was paid less than submitted, it will include the reason and the reason for denial.
- Residential Habilitation (RH): Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Residential Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- Respite Care (RC): Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care. Requires cognitive endorsement.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards/requirements and has been designated by HHS as a provider.
- Service: Work done by a provider for payment.
- Service Authorization (SA): An authorization created by the HCBS Case Manager, authorizing the QSP to provide services. This authorization lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide.
- Service Fee: (see Client Share)
- Sexual Abuse or Exploitation: Includes those sex offenses defined in sections 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-07, and 12.1-20-11.
- SFN: **S**tate **F**orm **N**umber, located on the upper left side of a form.

- Specialized Equipment Supplies: Specialized equipment, supplies, safety devices, or assistive technology that enable individuals to increase their abilities to perform activities of daily living or to perceive, control or communicate with their environment. Coverage for services provided under the HCBS or Technology Dependent waiver may include the cost of set up, maintenance, and upkeep of equipment, and may also include the cost of training the participant or caregivers in the operation and/or maintenance of the equipment.
- Specialized Equipment/Assistive Technology Assessment: This service is only covered under the HCBS Medicaid waiver. It includes a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.

Assistive technology includes:

- The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
 - Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
 - Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant;
 - Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
 - Supervision (SUP): An individual could be considered to have a need for supervision if because of their impairment, they require human intervention to safeguard the individual from harm. Requires cognitive endorsement.
 - Supported Employment (SE): Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
 - Transition Coordination (TC): Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.
 - Transitional Living (TL): Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.
 - Universal Precautions: Caregivers with direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.
 - Vulnerable Adult: An adult who has substantial mental or functional impairment.
 - Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment. If assistance is needed with the enrollment process, the QSP Hub is an available resource. Information for contacting the QSP Hub is available in the Appendix section of this handbook. Use the next few pages as a checklist to meet all requirements.

PLEASE NOTE:

ND Administrative Code 33-03-10.1-03, prohibits name combinations for QSP Agencies from the use of terms “home health agency” or “home health services”.

- **Services:**

It is important to first determine which services your agency will be providing.

Additional documents related to the specific services your agency provides may be required or waived. Refer to “Services Requiring Additional Information” on Pages 15 - 26 and “Specific Service Enrollment Requirements” on Page 27 of this handbook for further information.

- **NPI Number**

- ☐ An NPI (National Provider Identifier) number is required to bill electronically as a QSP for certain services.
 - An NPI is a 10-digit numeric identifier that will not change, even if your name, address, taxonomy (use 253Z00000X when applying), or other identifiers change.
 - Additional instructions are available in the appendix on Page 49.

- **Required Forms**

- ☐ **SFN 1606** - Agency Request to be a Qualified Service Provider
<http://www.nd.gov/eforms/Doc/sfn01606.pdf>
- ☐ **SFN 615** - Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- ☐ **SFN 1168** - Ownership/Controlling Interest and Conviction Information
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- ☐ **W-9** - Request for Taxpayer Identification Number and Certification
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- ☐ **Direct Deposit** – Copy of a voided check or documentation from financial institution for direct deposit.
 - Direct deposit is required for enrollment.
- ☐ **SFN 583** – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment
<https://www.nd.gov/eforms/Doc/sfn00583.pdf>
- ☐ Agency Employee Verification Checklist (See Page 28 for additional details)
 - All employees providing direct services to public pay clients must be listed.
- ☐ **SFN 750** – Documentation of Competency OR Copy of License/Certification
<https://www.nd.gov/eforms/Doc/sfn00750.pdf>
 - A separate form for each employee providing services to public pay clients is required. See Pages 13 – 14 for additional details.

- **Required Documents**

- ☐ Organizational Chart with key positions (include names of staff)
 - If there is a board of directors for a non-government agency, provide their names, addresses, date of birth and social security number as they are considered managing employees and should be listed on the SFN 1168
- ☐ Job descriptions of each employee position
- ☐ Copy of Government issued ID for individuals listed on the SFN 1168
 - Include current agents, managing employees, and/or board of directors
- ☐ Private pay service fee schedule.
 - Note: If you choose to follow the same rates as issued by the State, you may substitute this requirement with a document, stating your agency intends to charge the same rate as the state – or – stating you will not charge private pay clients a lower rate than the state-issued rate.
- ☐ Current Verification of Unemployment Insurance coverage
 - <https://www.jobsnd.com/unemployment-business-tax/employers-guide>
 - <https://www.jobsnd.com/unemployment-business-tax/unemployment-business-field-representatives>
- ☐ Current Verification of Workforce Safety and Insurance coverage
 - Email: wsiemployerservices@nd.gov Phone: 800-777-5033
 - <https://www.workforcesafety.com/employers>
- ☐ Verification of Registration with ND Secretary of State Office
 - Email: sosbir@nd.gov Phone: 1-800-352-0867
 - Website: <https://www.nd.gov/businessreg/register/index.html>
- ☐ Fraud, Waste and Abuse Training
 - Completion Certificate of employee designated to provide all employee training
 - Training roster including completion date of all employees providing direct services to public pay clients
 - Training is available here:
<https://www.cnd.nd.gov/STLPCatalog/325/PUBLICCOURSESPOSTEDONWEBSITE/S/QSPFraudWasteAbuse/story.html>

- **Required Policies & Procedures**

The following policies and procedures must be established by all Agencies including: *Emergency Response System, Home Delivered Meals, Environmental Modification, and Specialized Equipment.*

You do not need to submit these policies with your enrollment but they must be established prior to initial enrollment and they must be reviewed and updated with each revalidation. Your policies must be available upon request from Department staff:

- ☐ Compliance Program - see appendix.
- ☐ Process of reporting suspected Fraud, Waste & Abuse (FWA)
 - Include process for notifying the Department when an agency employee has been terminated for suspected fraudulent behavior.
- ☐ Additional policies and procedures must be developed as defined in the Quality Improvement (QI) Program - see appendix.
 - Emergency Response System, Home Delivered Meals, Environmental Modification, and Specialized Equipment providers are not required to develop additional policies beyond the Compliance Program and FWA processes.

- **Agency Employee Requirements**

The following pages detail the required information for each staff person providing direct services to HCBS Clients. To ensure program standards are met, all providers agree to screen their employees and contractors per Federal Regulations.

Prior to an employee providing services to public pay clients:

- Confirm the identity of the employee or contractor.
- Search all websites listed on the Employee Verification Checklist
- Contact Noridian for prior approval if any employee is identified on any of the sites during your screening process.

Ongoing throughout enrollment:

- Continue to screen employees or contractors on a routine basis and immediately report any findings to Noridian. If at any time, an employee is found to not meet the standards outlined, funds may be recouped from your agency for noncompliance with program standards.

☐ **Agency Employee Verification Checklist**

An example Agency Employee Verification Checklist is provided on Page 28 and can be used for screening employees providing direct services. An agency may choose to use an alternate version of this form, as long as all required verifications are still performed and the agency can prove that these verifications are completed. Follow these instructions when completing this form:

- List all employees providing direct services to public pay clients.
- No less than two direct service staff must be listed on this form.
- At least two employees must have the same global endorsements and client specific endorsements to be approved for an endorsement.
- Each employee must be verified at initial hire. The checklist should be updated with the most recent date of ongoing routine background site checks.
- Check all names used by the employee in the past (Include maiden names/aliases).
- Employees must continue to meet standards of enrollment during their employment.
- Information regarding Direct Bearing Offenses and provider standards found in ND Administrative Code 75-03-23-07:
<http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>
- A copy of the verification checklist must be submitted at initial enrollment and revalidation or upon request.
- Employees not providing direct services to public pay clients such as janitorial, administration do not need to be listed on the checklist.
- The checklist indicates which information should be kept in your personnel files and what must be submitted with your enrollment. Please provide only the required documents. Information not required with your application should be kept in your employee personnel files.
- In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by an employee(s) missing the required verifications.
- Staff must review the following fact sheets found in the appendix, on Pages 58-62
 - Fire Safety Checklist
 - The “Invisible” Killer - Carbon Monoxide
 - Guidelines for Universal Precautions

☐ Employee website verifications:

If Employees or owners with direct or indirect ownership of more than 5% in your agency are found on any of these lists, contact Noridian for approval.

- District State Court website for criminal history/court information
 - <http://publicsearch.ndcourts.gov/default.aspx>
State of North Dakota – criminal/traffic category only.

- Contact Noridian to report guilty findings or if the individual is currently on probation.
 - **Individuals on the following lists are not eligible to serve public pay clients:**
 - National sex offender registry <http://www.nsopw.gov>
 - ND Sex Offender registry
 - <https://www.sexoffender.nd.gov/offender/search>
 - ND Sex Offender registry (Offenders against children)
 - Scroll to the “Offenders Against Children” link
<https://attorneygeneral.nd.gov/public-safety/sex-offender-information>
 - ND Medicaid Exclusions list
 - <https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider/medical-services-fraud-and-abuse>
 - System for Award Management (SAM)
 - Click on Search Records tab <https://www.sam.gov/SAM/>
 - HHS Office of Inspector General
 - <https://exclusions.oig.hhs.gov/Default.aspx>
- **SFN 750 – Documentation of Competency OR CNA/LPN/RN Certification/Licensure or DD Licensed provider**
- Complete this form for each individual staff member providing direct services to HCBS Clients
 - If staff has a current CNA, RN or LPN, this form is not required.
 - If enrolling agency is currently enrolled as a DD (Developmentally Disabled) Licensed provider with ND Medicaid, this form is not required.
 - Must provide proof of current enrollment with ND Medicaid and list of employees who will be providing services to clients must still be listed on the employee checklist.
 - Form must be completed before providing services to public pay clients.
 - The form is valid for thirty (30) months; a new form is required before the expiration – keep this form in your employee file unless sent at revalidation or requested during an audit.
 - This document must be completed correctly. Forms with missing or incomplete information will not be accepted, and a new form will be required.
 - **Both columns 3 & 4** must be completed in Standards 5 – 25.
 - Certificates or other forms acknowledging completion of a training or education program focused on in-home care will be considered if the curriculum includes standards 5 – 25 (on SFN 750), and the training program is provided by a licensed health care professional.
 - The program must have a revalidation process every thirty (30) months.
 - Verification of Employee Signing the Documentation of Competency.
 - A qualified individual with current licensure must sign the SFN 750 for your employee. A qualified provider is defined as:
 - Physician, Physician’s Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
 - A CNA may not complete the SFN 750 for another individual.
 - To verify licensure of individual signing the SFN 750:
 - Board of Medical Examiners.
Check to verify credentials of the individual certifying the SFN 750:
https://www.ndbom.org/public/find_verify/verify.asp
 - Board of Occupational Therapy.

- Check to verify credentials of the individual certifying the SFN 750:
<https://www.ndotboard.com/>
 - Board of Physical Therapy.
Check to verify credentials of the individual certifying the SFN 750:
<https://www.ndbpt.org/verify/index.asp>
 - Board of Chiropractic Examiners.
Check to verify credentials of the individual certifying the SFN 750:
<https://www.ndsbce.org/verify/index.asp>
- Employee competency verified by a CNA certificate:
 - Include a copy of the current certificate.
 - Verify current credentials:
 - Certified Nurse Assistant Registry – CNA
<https://services.ndnar.org/verify/>
Individuals must be on this list to verify they have a current certificate and do not have any disciplinary actions.
 - Verify employee is not listed on the CNA Abuse List and there are no complaints or sanctions against employee
<https://services.ndnar.org/verify/abuse/list.asp>
- Employee competency verified by an LPN or RN license:
 - Include a copy of the current license.
 - Verify current credentials:
 - Board of Nursing:
https://www.ndbon.org/verify_renew/verify_default.asp
Individuals must be on this list to verify they have a current license and do not have any disciplinary actions.

SERVICES REQUIRING ADDITIONAL INFORMATION

To be approved for the following services, additional information and/or forms are required as listed on the following pages. Contact QSP Enrollment at QSPEnrollment@noridian.com or (701) 277- 6933 for additional information.

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Adult Day Care (ADC)

- ☐ SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Determines the rate if the Adult Day Care is a free-standing facility, not connected to a hospital, nursing home or basic care facility, participating in the Basic Care Assistance Program (BCAP).
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed, unless approved by legislative action.
 - Services shall operate a minimum of three hours per day, up to a maximum of ten hours per day.
 - Include rates for both half-day (one-half of facility open hours) and full day (at least two additional hours above the half-day rate).
 - ADC Providers licensed by Health Facilities or enrolled in BCAP:
 - Rate established by the Department, send ADC designation letter: Approval request completed through ND Health and Human Services, Health Facilities Unit: 701-328-2352.
 - Nursing or Basic Care facility rate
 - If ADC program uses the same facility staff, space, and the ADC participants are co-mingled with the facility residents:
 - Cost determined by SFN 55 previously approved for the facility. A copy of the previously established rate must be submitted.
 - DD Providers designated as an ADC provider
 - Include DD cost report and additional supporting information.
 - An alternate form or spreadsheet may be substituted in lieu of the SFN 55.
- ☐ Cognitive Endorsement
 - Staff providing direct services must have the cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.
 - If the facility is currently a licensed specialized Basic Care Facility, approved for Adult Residential Care (ARC), staff already meets this criteria and does not need to submit an SFN 750 or equivalent for staff or add anything additional for this endorsement.
- ☐ Hospital/Swing Bed, Nursing Facilities or Basic Care Facilities:
 - Provide a description of how the facility utilizes staff and space in relation to both current residents and the Adult Day Care participants, and whether the Adult Day Care Participants are co-mingled with the facility residents.
 - If the facility is currently a licensed Basic Care Facility, approved for Adult Residential Care (ARC), the facility meets the criteria to enroll for ADC; the facility must:
 - Request an ADC designation letter from ND Health and Human Services, Health Facilities Unit: 701-328-2352.
- ☐ Include a description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.
- ☐ Medication Error Waiver Agreement
 - Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
 - **NOTE:** Medicaid waiver recipients cannot receive ADC services in a hospital or nursing home.
- ☐ Non-Medical Transportation, Driver with Vehicle
 - If transportation is included as part of the rate for your ADC program; Agency staff must meet all Driver with Vehicle standards for enrollment.
 - See Page 21 - 22 of this handbook for additional information.

- ☐ Quality Improvement Program
 - Refer to appendix for additional information.
- ☐ Site Visit
 - Required before initial approval and again at revalidation to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
 - Contact the ARDL Intake Line to connect with a Program Administrator to start this process: 1-855-462-5465
 - SFN 1703 – Compliance Checklist - <https://www.nd.gov/eforms/Doc/sfn01703.pdf>.
 - This form is completed by the Department, they will submit form to Enrollment when completed.
 - **Free-Standing Adult Day Care Units/Home provider:**
 - Complete and submit a self-administered SFN 1703 – Compliance checklist
 - Include all evidence of any required inspections (fire and safety) to the HCBS Program Administrator.

Adult Residential Care (ARC) - Memory Care or Traumatic Brain Injury (TBI)

- ☐ SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed, unless approved by legislative action.
 - Basic Care providers use an alternate form; contact Noridian for more information.
- ☐ Specialized Basic Care Facility license
 - Submit a copy of current license.
- ☐ Site Visit
 - Required before initial approval and again at revalidation to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
 - Contact the ARDL Intake Line to connect with a Program Administrator to start this process: 1-855-462-5465
 - SFN 1703 – Compliance Checklist - <https://www.nd.gov/eforms/Doc/sfn01703.pdf>.
 - This form is completed by the Department, they will submit this form to Enrollment when completed.
- ☐ Agency Policies/Information; submit the following information to Aging Services staff:
 - Describe transportation service policy.
 - TBI Residential Facilities:
 - Describe process used to develop Person Centered or Individualized care plan.
 - Describe restraint policy - must comply with NDCC 50-10.2-02(1).
- ☐ Cognitive Endorsement
 - Staff providing direct services must have a complete SFN 750 - Documentation of Competency (lines 5 – 25) and the cognitive endorsement or hold a current CNA/RN/LPN certification or licensure.
 - If already licensed as an Adult Residential Care (ARC) facility, staff already meets this criteria and does not need to submit an SFN 750 or equivalent for staff or add anything additional for this endorsement.
 - Licensed DD providers are exempt from this requirement.
- ☐ Medication Error Waiver Agreement
 - Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

- ☐ Service Combinations
 - No other services can be combined with ARS. The agency can enroll in other services, but those services must be provided in a separate unit in their facility.

Assisted Living Facility - Personal Care (PC - AL)

- ☐ Assisted Living Facility license
 - Submit a copy of current license.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Case Management (CM)

- ☐ Requires staff person with one of the following (send copy of current licensure):
 - Licensed Baccalaureate Social Worker (LBSW)
 - Licensed Master Social Worker (LMSW)
 - Licensed Clinical Social Worker (LCSW)
- ☐ Department policy training
 - Must complete training provided by State Staff.
 - Contact the ADRL Intake Line to connect with a Program Administrator to start the process: 1-855-462-5465.
- ☐ Memorandum of Understanding (MOU)
 - Signed agreement of Waiver Function assurance requirements.
 - Request this form from the Program Administrator.
- ☐ Indian Tribal Organizations
 - Contact the ADRL Intake Line to connect with a Program Administrator: 1-855-462-5465

Chore

- ☐ Professional Pest Extermination
 - Exterminator's license
 - Submit a copy of current license.
 - Attestation Agency representative has read, understands and will maintain current education to all employees providing the service of the generally accepted procedures for pest extermination.
 - Found on Page 3 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - This is required at initial enrollment and revalidation.
- ☐ Labor/Snow Removal
 - Attestation Agency representative has read, understands and will maintain current education to all employees (a minimum of two) providing the service of the generally accepted procedures for chore cleaning.
 - Found on Page 3 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - This is required at initial enrollment and revalidation.

Community Supports

- ☐ Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service: 1-855-462-5465.
 - Ensure staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience, and skills.
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
 - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
 - The agency must complete Council on Quality and Leadership (CQL) accreditation.
 - A Program Coordinator must be named with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities.
- ☐ SFN 750/CNA/RN/LPN/DD
 - Employee competency must be verified by either a current SFN 750, CNA/LPN or RN. Refer to Pages 13 - 14 of this handbook for proper procedures to complete the SFN 750 or documentation requirements if providing CNA certification or nursing license.
 - Licensed DD providers are exempt from this requirement.
- ☐ Providers who have met the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (under 75-03-23) may also choose to seek licensing as an Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
 - Please refer to the AFHA Handbook to enroll in this service if the agency wishes to provide Community Support and/or Residential Habilitation services in this setting.
- ☐ Medication Error Waiver Agreement
 - Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
 - **NOTE:** Medicaid waiver recipients cannot receive ADC services in a hospital or nursing home.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Companionship Service

- ☐ Organizations enrolled as a QSP that provide companionship service under the Corporation for National and Community Service Senior Companion Programs:
 - Must meet all standards established by the Corporation for National and Community Service National and Community Service Senior Companion program grantees.
 - Verification of organization credentials is done by the national corporation.
 - SFN 750/CNA/RN/LPN/DD enrolled requirements:
 - Organization employees/volunteers are exempt from this requirement.
 - Employees without the above enrollment must carry the Cognitive/Supervision global endorsement on the SFN 750 or have a current CNA/RN/LPN/DD.
- ☐ Agency employees identified as a relative of the recipient cannot provide this service.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Emergency Response System (ERS)

- ☐ SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
- ☐ Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.

Environmental Modification

- ☐ Specialty license
 - Provide a copy of the current license (ex - general contractor, electrician, plumbing).
 - If Agency is not licensed and intends to only accept jobs and/or projects under \$4,000, this is not required.
 - Instead, a letter of professional reference relevant to your ability to complete the necessary work must be submitted.
- ☐ Liability insurance and bonding
 - Submit a copy of current coverage.
 - This is required at initial enrollment and revalidation.
- ☐ Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.
- ☐ If the agency subcontracts this service out, the agency must retain the following information from the subcontractor in their files prior to providing this service:
 - A copy of the subcontractor's specialty license, if applicable, (i.e. general contractor, electrician, plumbing, etc.)
 - Or a letter of professional reference relevant to their ability to complete the necessary work for any unlicensed handyman/contractor/tradesman
 - North Dakota Secretary of State registration
 - Workforce Safety and Insurance (WSI) Verification of good standing
 - Proof of liability insurance and bonding

Extended Personal Care – Non-Nurse & Nurse

- ☐ SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
 - If enrolling in both Non-Nurse and Nurse, a separate form must be completed for each service type.
- ☐ Agreement to service statement found on Page 4 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - This is required at initial enrollment and revalidation.
- ☐ The following forms must be completed by each employee providing the service, these forms are to be kept in the employee personnel file and must be available upon request by the Department. **NOTE:** Employees are not eligible to complete this service without a current, validly completed form on file.
 - If employee is a Non-Nurse:
 - SFN 576 – Extended Personal Care Service Provider Agreement
<https://www.nd.gov/eforms/Doc/sfn00576.pdf>

- If employee is a Nurse:
 - SFN 577 – Nurse Educator Nursing Plan of Care (NPOC)
<https://www.nd.gov/eforms/Doc/sfn00577.pdf>
 - Include copy of current nursing license.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Home Delivered Meals

- ☐ SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
- ☐ Provide the following:
 - DHS/Aging Services Division as an Older Americans Act (OAA) Nutrition Provider.
 - Provide current contract verification
 - or
 - Out of state providers must provide one of the following:
 - Proof of USDA inspection through mark of inspection or federal regulation for meals containing meat or poultry.
 - Must include the “EST” number in image.
<https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/how-find-usda-establishment>
 - Proof of current FDA, state or local agency licensure
 - Contact NDHHS Food and Lodging Unit with any questions:
Phone: 701-328-1291 Email: foodandlodging@nd.gov
Online: <https://www.hhs.nd.gov/health/food-and-lodging>
 - or
 - If Agency is a hospital, nursing home, or basic care facility:
 - Facility license, current copy.
- ☐ Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.

Non-Medical Transportation - Driver

- ☐ Agreement to service statement found on Page 4 of SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agency affirms vehicle(s) used to provide transportation is/are in good operating order, including brakes, lights, tires, and seatbelts; agrees State of North Dakota shall not be liable for any damages that may arise out of or resulting from operating of vehicle(s).
 - This is required at initial enrollment and revalidation.
- ☐ SFN 750/CNA/RN/LPN/DD
 - Employee competency must be verified by either a current SFN 750, CNA/LPN or RN. Refer to Page 13 – 14 of this handbook for the proper procedures to complete the SFN 750 or documentation requirements if providing CNA certification or nursing license.
 - Licensed DD providers are exempt from this requirement.
 - Competency is required **ONLY** in Lines 5, 6 and 12 – 15.
- ☐ DUI (Driving Under the Influence) convictions
 - Employees convicted of this offense within the past three (3) years are not eligible to provide this service.

- For all employees providing this service, agency must provide:
 - Driver's License

Copy of a current, valid driver's license, in good standing with State of employee residency. Note: out of state license requirements must follow ND DOT standards. For employees previously living out of state who have been living in North Dakota beyond the requirements listed at the link below, a ND license is required: <https://www.dot.nd.gov/divisions/driverslicense/dlrequirements-transfer.htm>

 - Proof of valid, current driver's license must be kept in employee personnel file at all times.
 - This is required at initial enrollment and revalidation.
 - Driving Record
 - A **comprehensive**, current driving record from the Department of Transportation for the state of driver residency.
Note: The limited record option does not provide adequate information. The comprehensive report is required.
<http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm>
 - For a comprehensive copy of a driving record, complete SFN 51386 – Request for Driver Abstract. Mail payment to:
 Driver's License Division, 608 E. Blvd Ave, Bismarck ND 58505-0750.
 - This is required at initial enrollment and revalidation.
 - Kept in each employee file – Do not submit with enrollment:
 - Employee attestation, signed and dated, stating the following:
 - Employees using their own personal vehicle to transport clients, attest that the vehicle is in good operating order, including the brakes, lights, tires and seatbelts.
 - Employee agrees the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.
 - Employee proof of current vehicle insurance policy or if driving an agency vehicle, the agency must have adequate coverage. Maintain copy of employee insurance records showing continuous coverage. Policy effective dates must be kept in employee personnel file.
 - Do not submit this information unless requested during an audit.
- If the client needs to use a specially adapted vehicle and the provider plans to use a vehicle they do not own, the provider must obtain written permission from the owner of the vehicle to use the vehicle for the services of Non-Medical Transportation. The provider and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation to clients.
- Quality Improvement Program
 - Refer to appendix for additional information.

Nurse Education

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
- Agreement to service statement found on Page 4 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - This is required at initial enrollment and revalidation.
- The following form must be completed by each employee providing the service, to be kept in the employee personnel file and must be available upon request by the Department.

NOTE: Employees are not eligible to complete this service without a current, validly completed form on file.

- SFN 577 – Nurse Educator Nursing Plan of Care (NPOC)
<https://www.nd.gov/eforms/Doc/sfn00577.pdf>
 - Copy of current nursing license:
 - **Only** an RN level nurse can provide this service; an LPN level nurse may only assist the RN.
 - See NDAC 54-05-01 and 54-05-02 for more information.
 - This is required at initial enrollment and revalidation.
- ☐ Quality Improvement Program
- Refer to appendix for additional information.

Nursing Assessment

- ☐ Must also be enrolled and authorized to provide Extended Personal Care.
- ☐ Services billed directly to Aging Services (cannot be billed through MMIS).
- Use SFN 78 – Request for Reimbursement.

Residential Habilitation

- ☐ Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service: 1-855-462-5465.
- Ensure staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience, and skills.
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
 - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
 - The agency must complete Council on Quality and Leadership (CQL) accreditation.
 - Agency must name a Program Coordinator with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities
- ☐ SFN 750/CNA/RN/LPN/DD
- Complete this form for each individual staff member providing this service.
 - Refer to Pages 13 – 14 of this handbook for proper procedures completing form.
 - Licensed DD providers are exempt from this requirement.
- ☐ Providers who have met the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (under 75-03-23) may also choose to seek licensing as an Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
- Please refer to the AFHA Handbook to enroll in this service if the agency wishes to provide Community Support and/or Residential Habilitation services in this setting.
- ☐ Medication Error Waiver Agreement
- Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
 - **NOTE:** Medicaid waiver recipients cannot receive ADC services in a hospital or nursing home.
- ☐ Quality Improvement Program
- Refer to appendix for additional information.

Respite Care

☐ **SFN 750/CNA/RN/LPN/DD**

- Complete this form for each individual staff member providing this service.
 - Refer to Pages 13 – 14 of this handbook for proper procedures completing form.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
- Licensed DD providers are exempt from this requirement.

☐ **Institutional Respite Care:**

Enrollment for this service requires only the following information:

- SFN 1606 – Agency Request to be a Qualified Service Provider
- SFN 615 – Medicaid Program Provider Agreement
- SFN 1168 – Ownership/Controlling Interest and Conviction Information
 - Include copy of government issued ID for all individuals listed on the SFN 1168.
- W-9 – Request for Taxpayer Identification Number and Certification
- Current Verification of Workforce Safety and Insurance coverage
- Current Verification of Unemployment Insurance coverage
- Verification of Registration with ND Secretary of State Office
- Organizational Chart with key positions (include names of staff)
- SFN 750/CNA/RN/LPN/DD
 - Complete this form for each individual staff member providing this service.
 - Refer to Pages 13 – 14 of this handbook for proper form procedures.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.
 - Hospital and Nursing Homes are exempt from this requirement
- If Agency is a hospital, nursing home or specialized basic care facility (memory care/TBI),
 - Facility license, current copy.
- Minimum requirement of overnight stay for client
- Rate
 - Rate is set at current Swing Bed rate
- Capacity
 - Cannot exceed licensed or approved facility capacity.
- Medication Error Waiver Agreement
 - Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
- Quality Improvement Program
 - Refer to appendix for additional information.

☐ **Respite in an Adult Foster Care**

- Background Check
 - A separate background screening is required at initial enrollment, before providing services in an Adult Foster Care home.
 - Submit these forms to **Aging Services at the address listed on each form:**
 - SFN 466 – Background Check Address Disclosure
<https://www.nd.gov/eforms/Doc/sfn00466.pdf>
 - SFN 467 – Personal Authorization for Criminal Record Inquiry – Foster Care
<https://www.nd.gov/eforms/Doc/sfn00467.pdf>
 - SFN 60688 – Criminal History Record Check Request
Contact Noridian or Aging Services for this form.

- SFN 750/CNA/RN/LPN/DD
 - Complete this form for each individual staff member providing this service.
 - Refer to Pages 13 - 14 of this handbooks for proper form procedures.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.

Specialized Equipment & Supplies

- ☐ Copy of accreditation by CMS to provide specialized equipment.
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/Quality_Standards_and_Accreditation
- ☐ Verification of agency's Medicare certification and surety bond (see link above)
- ☐ If this is the only service provided by the Agency, the following are not required:
 - Organizational chart
 - Job descriptions
 - Private pay service fee schedule
 - Agency compliance program
 - Plan of staff training
 - Agency Employee Verification Checklist and the associated forms and documentation

Supported Employment

- ☐ Non-Medical Transportation Driver with Vehicle
 - Employees providing service to clients must meet all Driver with Vehicle standards for enrollment.
 - See Pages 21 - 22 of this handbook for list of requirements.
- ☐ Must meet NDAC 75-04-01 or have accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) OR be an approved DD provider with established rate.
- ☐ Private Pay Rate
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Transition Coordination

- ☐ Associate or bachelor's degree in sociology, social services, social work, nursing, or a field related to programmatic needs from an accredited university.
 - Staff with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Transitional Living

- ☐ Medication Error Waiver Agreement
 - Found on Pages 4 and 5 of the SFN 1606 – Agency Request to be a Qualified Service Provider application form.
 - Agreement to this service statement is required at initial enrollment and revalidation.
- ☐ Care Plan process
 - Provide a description of the process used to develop a care plan.

- Describe your person-centered care planning process and the development of client goals to achieve or maintain independence.
- ☐ Staff Experience
 - Describe staff expertise and experience that will assist in fostering client independence in ADL's, IADL's, and social, behavioral, and adaptive skills.
 - List staff experience with supervision, training, or assistance with the self-care of individuals who have cognitive impairment or a traumatic brain injury (TBI).
- ☐ SFN 750/CNA/RN/LPN/DD
 - Complete this form for each individual staff member providing this service.
 - Refer to Pages 13 – 14 of this handbook for proper procedures completing form.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.
- ☐ Staff Training
 - List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.
- ☐ Quality Improvement Program
 - Refer to appendix for additional information.

Specific Service Enrollment Requirements - New and Revalidation

	SFN 1606	SFN 1168	SFN 615	W-9	Direct Deposit/EFT Information	NPI/ Taxonomy Code	Organizational Chart	Job Descriptions	Private Pay Fee Schedule	Unemployment Insurance	Workforce Safety and Insurance	Secretary of State	Quality Improvement Program	Agency Compliance Program (Keep in Agency file)	Fraud Waste and Abuse Training Certificate	Fraud, Waste & Abuse reporting process	Employee Verification Checklist	SFN 750	SFN 55 (Initial enrollment only)	Medication Error Waiver agreement (See SFN 1606)	Facility License	Specialty License (i.e. contractor, electrician, etc.)	Staff License and/or degree (i.e. nursing, social work, etc.)	Site Visit	Additional Documentation Required (see pages _____ for more information)
Services																									
Adult Day Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	16
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	17
Adult Residential Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	18
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				18
Assisted Living Facility - Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		19
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		20
Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				20
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				20
Community Supports	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				21
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				22
Emergency Response System	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		23
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		24
Environmental Modification	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Extended Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Home Delivered Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Nurse Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Residential Habilitation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Respite Care (Institutional)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Specialized Equipment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Supported Employment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Transition Coordination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Transitional Living	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				25
Facilities																									
Basic Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Home Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Nursing Facility	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Swing Bed	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Required at Renewal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				

Agency Employee Verification Checklist

Staff Name (Last, First)

**Check all names used by employee in the last 7 years
(maiden name, aliases, alternate spellings, etc.)**

Date of Employee Hire

Date of Employee Checks (see websites below)

ND Courts: <http://publicsearch.ndcourts.gov/default.aspx>

National Sex Offender Public Site: <http://www.nsopw.gov/>

ND Sex Offender Registry: <https://www.sexoffender.nd.gov/offender/search>

ND Offenders Against Children: <https://attorneygeneral.nd.gov/public-safety/sex-offender-information>

System for Award Management: SAM (search records tab) <https://www.sam.gov/SAM/>

HHS Office of Inspector General: <http://exclusions.oig.hhs.gov/Default.aspx>

ND Exclusion List: <https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider/provider-medical-services-fraud-and-abuse>

Verification of age 18+/driver's license (Keep in personnel file)

Completion of Fraud, Waste and Abuse Training (Keep in personnel file, include date of completion)

SFN 576 – Required for Extended Personal Care (ExPC) only (Keep in personnel file)

SFN 577 – Required for Nurse Educator (NE) only (Keep in personnel file)

Employee Statement - Chore-Labor and/or Snow (Keep in personnel file)

Required for NMT-D/V ONLY: Vehicle insurance verification if driving clients (Keep in personnel file)

Required for NMT-D/V ONLY: Employee statement of vehicle condition used to drive clients (Keep in personnel file)

Required for NMT-D/V ONLY: Copy of Driver's License

Required for NMT-D/V ONLY: Comprehensive Driving Record

SFN 750 - Document of Competency OR License/Certification (Ex: CNA/RN/LPN)

SEND COPY TO STATE

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CHART A – Allowable Tasks, Activities & Standards

SERVICES:

ADC - Adult Day Care
HMKR – Homemaker
NMT-E Non-Medical Transportation - Escort

CH – Chore Services
NMT – Non-Medical Transportation
PC – Personal Care

EM - Environmental Modification
NMT-D/V – Driver with Vehicle
RC – Respite Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. All Providers	Have the basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. All Providers	(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider. (B) Have not been abusive or neglectful of someone. (C) Have not stolen from someone.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor. Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone. Statement attesting to his/her status regarding having stolen from someone.	
3. All Providers	Not have infectious or contagious disease. Be physically capable of performing the service.	Assurance marked declaring if have any infectious contagious disease. Assurance checked stating having the physical capability to perform the service.	
4. All Providers	Uphold confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality	
5. ADC, CH (except snow removal) HMKR, NMT-E, PC, RC	<u>Proper handwashing methods</u> Know generally accepted practice of infection control guidelines/proper hand hygiene.	Follow these steps when wash your hands every time: <ul style="list-style-type: none"> • Wet your hands with clean, running water, turn off the tap and apply soap. • Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails. • Scrub your hands for at least 20 seconds. • Rinse your hands well under clean running water. • Dry your hands using a clean towel or air dry them. If soap and water are not available: <ul style="list-style-type: none"> • Use and alcohol-based hand sanitizer that contains at least 60% alcohol. Follow these steps when using hand sanitizer: <ul style="list-style-type: none"> • Apply the gel product to the palm of one hand in the correct amount. • Rub your hands together. • Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
<p>6.</p> <p>ADC, CH (excluding snow removal), HMKR, NMT-E, PC, RC</p>	<p><u>Handling of bodily fluids</u></p> <p>Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.</p>	<p>Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.</p> <p><u>Use of Personal Protective Equipment (PPE):</u></p> <p>Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.</p> <ul style="list-style-type: none"> • Perform hand hygiene prior to putting on gloves. • Remove jewelry, cover abrasions then wash and dry hands. • Ensure gloves are intact without tears or imperfections. • Fit gloves, adjusting at the cuffs. • Remove by gripping at cuffs. • Immediately dispose of gloves in waste basket. • Wash hands after removing gloves. • Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated. • DO NOT reuse gloves, they should be changed after contact with each individual. <p>Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</p> <ul style="list-style-type: none"> • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. • Tie all the ties on the gown behind the neck and waist. • Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement. • Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body. • Dispose the gown in waste basket. • Perform hand hygiene after removing gowns. <p>Masks - Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution.</p>	
<p>7.</p> <p>ADC, HMKR, PC, RC</p>	<p><u>Basic meal planning and preparation</u></p> <p>Have knowledge of basic meal planning and preparation.</p>	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands and applied gloves; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes. Removed gloves and washed hands.</p>	<p>Does NOT include canning of produce or baking of such items as cookies, cakes & bread.</p>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. ADC, HMKR, PC, RC	<u>Routine housework</u> Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	Washed hands and applied gloves. <u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust. <u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed. <u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly. <u>Cleaning Kitchen:</u> Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage. Removed gloves and washed hands.	Includes dusting, vacuuming (which may include moving furniture), floor care, garbage removal, changing linens, and other similar tasks in the room occupied or used by the client.
9. ADC, HMKR, PC, RC	<u>Wrinkle free bed</u> Know generally accepted procedure of making beds.	Washed hands and applied gloves. <u>Closed Bed:</u> Gathered necessary linens; hung sheet evenly over bed; tucked bottom sheet under at head of bed; placed top sheet on bed with large hem even with head of bed; placed blanket and bedspread on bed; hanging evenly on both sides; folded top sheet, blanket and bedspread under at foot of bed; folded top sheet approximately 4" over bedspread and blanket; placed pillowcase on pillow. <u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed. <u>Occupied Bed:</u> Gathered linens and bath towel; covered client with bath towel; removed top covers; moved client to one side of bed; assured client's safety, untucked bottom sheet and draw sheet; folded up against client; placed clean bottom sheet on bed; tucked in as appropriate; moved client over to side with clean sheet; removed dirty sheets; placed dirty sheets in a hamper; pulled bottom sheet to other edge; tucked in as appropriate; changed pillow case; placed clean top sheet over client; removed bath towel; placed clean blanket and bedspread over top sheet, tucked top sheet, blanket and bedspread at foot of bed; assured sheets were not tight across client's toes. Removed gloves and washed hands.	See Endorsements section for mechanical or therapeutic devices.
10. ADC, HMKR, PCS, RC	<u>Laundry techniques</u> Know generally accepted practice – in laundry techniques; (include mending).	Washed hands and applied gloves. Able to make necessary minor repairs to client's clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage. Removed gloves and washed hands.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
11. HMKR, PC, RC	<u>Managing a budget</u> Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget.	Demonstrated ability to add, subtract, accurately record expenses/deposits and balance a checkbook. Know process to pay bills; set up a home budget within the available income of client to include such items as food, utilities, rent, essential supplies.	Monthly budgeting and/or paying bills.
12. ADC, NMT-E, PC, RC	<u>Toileting</u> Know generally accepted practice in assisting with toileting.	<p>Washed hands and applied gloves.</p> <p><u>Bedpan</u>: Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool</u>: Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleanse and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p>	For assisting with suppository. Endorsement D.
13. ADC, NMT-E, PC, RC	<u>Caring for incontinence</u> Know generally accepted practice of caring for incontinent client	Washed hands and applied gloves. Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy, used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. -Removed gloves and washed hands after all cares.	For assisting with suppository. Endorsement D.
14. ADC, NMT-E, PC, RC	<u>Transferring</u> Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p>Washed hands and applied gloves.</p> <p><u>Transfer Belt</u>: Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit</u>: Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair</u>: Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p> <p>Removed gloves and washed hands.</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
15. ADC, NMT-E, PC, RC	<u>Ambulation</u> Know generally accepted practice of assisting client with ambulation.	<p>Washed hands and applied gloves.</p> <p><u>Cane:</u> Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary.</p> <p><u>Crutches:</u> Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat.</p> <p><u>Walker:</u> Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary.</p> <p>Removed gloves and washed hands.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
16. ADC, PC, RC	<u>Bathing techniques</u> Know generally accepted practice in bathing techniques: bed, tub, and shower.	<p>Washed hands and applied gloves. Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves. Changed gloves between cares. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Removed gloves and washed hands. Cleanse bath or shower.</p> <p>Washed hands and applied gloves.</p>	
17. ADC, PC, RC	<u>Hair care techniques</u> Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p> <p>Removed gloves and washed hands.</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
18. ADC, PC, RC	<u>Oral hygiene techniques</u> Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client's mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up. Removed gloves and washed hands.	
19. ADC, PC, RC	<u>Dress/undress client</u> Know generally accepted practice in how to dress/undress client.	Washed hands and applied gloves. Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For <u>undress</u> , do the reverse. Removed gloves and washed hands.	
20. ADC, PC, RC	<u>Feed or assist with eating</u> Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves; gathered utensils (e.g. napkin, tray); placed napkin near client, on client's chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client's mouth with napkin; cleaned up as appropriate; offered oral hygiene. Removed gloves and washed hands.	Does NOT include tube feeding.
21. ADC, PC, RC	<u>Routine eye care</u> (eye drops/ointment) Know generally accepted practice for routine eye care.	Washed hands and applied gloves. Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Removed gloves and washed hands.	Routine regimen prescription and non-prescription eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.
22. ADC, PC, RC	<u>Care of fingernails</u> Know generally accepted practice in proper care of nails.	Nail Care: Washed hands and applied gloves. Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water; soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Removed gloves and washed hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
23. ADC, PC, RC	<u>Self-administration of medications</u> Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and washed hands.	Assisting client in self-administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.
24. ADC, PC, RC	<u>Skin Care</u> (lotions, ointments, etc) Know generally accepted practice of caring for skin.	Washed hands and applied gloves; identified pressure points (bony areas of body); changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown. Removed gloves and washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems. Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
25. ADC, PC, RC	<p><u>Turning and positioning</u></p> <p>Know generally accepted procedure for turning and positioning client in bed.</p>	<p>Maintained body alignment, kept spine straight and supported head.</p> <p>For Sitting Up: Placed pillows as needed for comfort if hospital bed – raised backrest to desired position.</p> <p>In Positioning on Back: Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.</p> <p>In Turning Client Toward You/Away From You: Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).</p>	
26. All Providers	<p><u>Universal Precautions</u></p> <p>Know the guidelines and practice universal/standard precautions.</p>	<p>Guidelines for universal/standard precautions:</p> <ol style="list-style-type: none"> 1. Wash hands: <ul style="list-style-type: none"> • Before, during and after preparing food or before eating food. • Before and after caring for someone who is sick with vomiting or diarrhea. • Before and after treating a cut or a wound. • After using the toilet and after changing incontinent care products. • After blowing your nose, coughing, or sneezing. • After touching an animal, animal feed, animal waste, pet food or pet treats. • After touching garbage. • After you have been in a public place and touched an item or surface that is touched by other people. • Before touching your eyes, nose, or mouth. • When hands are visibly soiled. • Immediately after removal of any personal protective equipment (example: gloves, gown, masks). 2. Use of Personal Protective Equipment (PPE): <ul style="list-style-type: none"> • Before providing any direct personal cares. • Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc. • Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids. • Mask usage: Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution. • Use during care activities where close contact with client is unavoidable. Clean hands with soap and water or hand sanitizer before touching mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled. 3. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. <ul style="list-style-type: none"> • Do not recap needles or remove needles from syringe. • After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal. 4. Clean equipment used for the individual before and after each use. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
27. NMT-D/V	Have a valid driver's license for the state of physical residence.	Employees providing service must provide a photocopy of driver's license including the license number and expiration date. Out of state license requirements must follow the ND DOT standards.	
28. NMT-D/V	Assurance marked on SFN 1606.	SFN 1606 – Agency Request to be a Qualified Service Provider: Agency must check box to agree to assurances found on application.	
29. NMT-D/V	No DUI (driving under influence) <u>conviction</u> within the past three (3) years.	Employees providing the service may not have had a DUI conviction within the past three years. The following must be submitted for all employees driving clients: Comprehensive Driving Record from the Drivers' License Division – Department of Transportation, 608 East Boulevard, Bismarck, ND 58505, or the Driver's License Division from the State in which the individual is licensed.	
30. CHORE (CHO (Labor, Snow removal & Pest Control)	Knowledge of generally accepted procedure for seasonal cleaning or unusual/heavy cleaning. Knowledge of generally accepted snow removal procedures and use of snow removal equipment. Know generally accepted procedure for pest extermination.	SFN 1606 – Agency Request to be a Qualified Service Provider: Agency must check box to agree to assurances found on application for all the applicable type of Chore service enrollment. Professional exterminator/company, proof of business type and/or licensure required.	
31. Environmental Modification (EM)	Contractor's license filed with Secretary of State's office, current contractor's insurance, and good standing with Workforce, Safety, and Insurance.	Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.	

CHART B – Global Endorsements a Healthcare Provider can Perform and/or Authorize

As performed by:

ENDORSEMENTS	PHYSICIAN		RN		LPN		CNA		OT		PT		Chiropractor		DD Employee	
	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize
Maintenance Exercise	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Catheter Care	X	X	X	X	X	X	X		X		X				X	
Medical Gases	X	X	X	X	X	X	X		X		X				X	
Suppository	X	X	X	X	X	X	X		X		X				X	
Cognitive	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Taking BP/TPR	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Compression Garment or Device	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Prosthesis / Orthotics	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Hoyer Lift / Mechanized Bath Chair	X	X	X	X	X	X	X		X	X	X	X	X	X	X	

GLOBAL ENDORSEMENTS

- Global Endorsements are found on the SFN 750 – Documentation of Competency
- Not required to enroll for all services
- Some services, such as the following, require specific Global Endorsements:
 - Companionship
 - Respite Care
 - Supervision
- May be required to provide care for some clients, according to their authorization.
 - Specific to each client that may need assistance with additional services.

The Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases - Limited to oxygen
- D. Suppository - non-prescription
- E. Cognitive/Supervision
 - **REQUIRED** for:
 - ☐ COMPANIONSHIP SERVICES
 - ☐ RESPITE CARE
 - ☐ SUPERVISION
- F. Taking Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Compression Garment or Device
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

Requirements for Global Endorsements

- A QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown on the SFN 750.
- Individuals with a current license or certificate automatically meet the standards for all Global Endorsements:
 - Certified Nurse Assistant
 - Licensed Practical Nurse
 - Registered Nurse
 - Registered Physical Therapist
 - Registered Occupational Therapist
- If the individual (or employee) does not have any of the above listed licenses or certifications, an SFN 750 – Documentation of Competency must be completed by a licensed healthcare provider, showing competency in the global endorsement section, to be approved for any and/or all global endorsements.

CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand; do NOT hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; removed gloves and washed hands.	Limited to general maintenance care after a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION (REQUIRED FOR RESPIRE CARE SUPERVISION & COMPANIONSHIP)	Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.	Show evidence of knowledge of cognitive impairments included but not limited to Alzheimer's, Parkinson's and Multi-Infarct (dementia), as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.	
F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE	Know generally accepted practice for taking temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. Washed hands, gathered necessary equipment (thermometer, blood pressure cuff, watch with minute hand), assisted client to sit or stand in comfortable position, obtained the measure/rate, cleaned and replaced equipment to proper storage, washed hands.	QSP will be notified by Case Manager who is to be notified of readings. (Determined in care planning)
G. COMPRESSION GARMENT OR DEVICE	Know generally accepted procedure of applying compression garment or device.	Gathered appropriate supplies: Applied compression garment or device according to manufacturer's instructions.	
H. PROTHESIS/ ORTHOTICS/ ADAPTIVE DEVICES	Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.	Is able to assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.	
I. HOYER LIFT MECHANIZED BATH CHAIRS	Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.	Is able to safely transfer client using a Hoyer lift or mechanical chair.	

CHART D – CLIENT SPECIFIC ENDORSEMENTS

The following Client Specific Endorsements (J-N) require verification of the provider's ability to provide the service for a **specific** client who requires the endorsement.

Note: Submit the completed SFN 830 – Request for Client Specific Endorsement **only** if the client's Case Manager has authorized service for that endorsement.

- J. Ostomy Care
- K. Postural Bronchial Drainage
- L. Jobst stockings (compression stockings)
- M. Rik/Specialty Bed Care
- N. Apnea Monitoring (is available only to a provider meeting the standards for Respite Care)

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands and applied gloves; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands and removed gloves.	General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> a well-established routine of care has been set forth for the client.
K. POSTURAL/ BRONCHIAL DRAINAGE	Know generally accepted practice of how to perform postural/bronchial drainage.	Demonstrates the procedure for postural/bronchial drainage.	Must have received specific training from a therapist who specializes in this procedure.
L. COMPRESSION GARMENT OR DEVICE	Know generally accepted procedure of applying compression garment or device.	Gathered appropriate supplies; applied compression garment or device as directed for the client.	Routine care for chronic conditions.
M. RIK / SPECIALTY BEDS	Know generally accepted procedures for use of a client's Specialty Bed.	Is able to assist client in the use of the Specialty Bed as directed for the client.	Routine care for chronic conditions.
N. APNEA (Respite Care Provider)	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

STEP 2: AFTER QSP APPROVAL

As an enrolled QSP agency, you are not employed by Health and Human Services. A packet of information will be sent to you after approval. Some of the information provided includes:

- Agency provider number
 - Additional provider responsibilities
 - Billing instructions
 - Sample documentation
- Services can only be provided to a public pay client in the client's home when the client is present. Agency employees may not provide services if the client is not present.
 - **Client Choice**
 - Your agency enrollment information is added to a list, kept by the Department and distributed to each Human Service Zone office / case management agency.
 - Your agency may choose to be on a publicly viewable list of available providers.
 - The case management agency determines a client's need for services. The client selects their QSP from the list of available providers.
 - **Authorization to Provide Services**
 - Your agency will provide authorized services in which you will be paid for the services delivered.
 - If your agency is chosen as a QSP, the Case Manager will generate Service Authorization(s) in Therap, detailing the authorized service(s) and task(s) your agency was approved and expected to provide for the specific client.
 - Note: Basic Care services are not authorized in Therap; contact your Case Manager for details.
 - QSPs must have a current Service Authorization for each client before providing services and be eligible for payment by HHS.
 - You must review and acknowledge Service Authorization(s) within Therap.
 - Directions to acknowledge Service Authorizations within Therap are online: https://help.therapservices.net/app/answers/detail/a_id/921/kw/service%20authorization%20ND%20Aging
 - It is your responsibility to notify the Case Manager if you have been approved for a service you are not enrolled to provide.
 - Contact Noridian if you need to update your enrolled services.
 - If you provide a service your agency is not enrolled in, payment cannot be guaranteed and you may be required to repay any payments made in error.
 - Review your Authorization for the following information:
 - The tasks you are authorized and expected to provide.
 - Effective date of authorized services.
 - You may not begin providing services before the authorized date.
 - The maximum number of units you can provide/bill.
 - A unit can be equal to 15 minutes, or one day, depending on the type of service you are providing.

- **Documentation Requirements**

- You are required to maintain service records for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered.
 - Records must be kept, **even if your status as a QSP closes or the client passes away.**
 - **These records are required in addition to your EVV requirements.**
 - Documentation must be created at the time of the visit. Creating documentation after or prior to the visit day is not acceptable and could be considered fraudulent.
 - Records cannot be copied or cloned with times, dates or months changed.
 - Sample documentation will be sent in the information packet once enrollment is approved.
 - All records must include:
 - Name and ID # of the client
 - Name and ID # of the provider
 - Name of the employee who performed the task
 - Full date of the service MM/DD/YYYY
 - Location of the service
 - Start time and end time (including a.m. and p.m.)
 - Number of units of service, (use task name as listed on the authorization).
 - Tasks performed (use task name as listed on the authorization)

- **Electronic Visit Verification (EVV)**

- Many services require participation in EVV, which requires staff to check in and out when providing services to clients. Please refer to Pages 46 - 47 for more information regarding EVV and billing for services provided.
- If your agency chooses to use the state contracted EVV system (Therap), contact them at ndsupport@therapservices.net to get started on their onboarding process.

- **Client Liability / Cost Share**

- Some clients are responsible for a portion of their service costs. The client is responsible to pay the QSP directly for any client liability/cost sharing.
- Payment by the Department will be minus any client liability or cost sharing

- **Rate Information**

- **General Rate Information**

- QSP's may not charge the Department more than they charge private pay clients. If you plan to change a private pay rate, you must notify the Department of the change and the new amount prior to billing the changed amount.
- You may choose to have your QSP rate set at less than the standard fee for service rate per unit.
- Current rate information is available at:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

- **Rural Differential Rate**

- The purpose of the Rural Differential Rate is to create greater access to services for clients who live in rural areas of ND by offering a higher rate to QSPs who travel to provide services. QSPs that travel at least 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate for those cares.

- QSPs are not paid for the time they drive to or from the clients' home. The rural differential rate may only be used for the time spent actually providing Services. QSPs may only charge the increased rate on the days of travel.
 - Example: If the QSP drives to the client's community and stays over a weekend or multiple days, then returns to their own home, the QSP can only charge the increased rate on the days they actually traveled. The standard billing rate would apply for all other days.
 - Only certain services are authorized under the Rural Differential Rate (RD) and the rate is only approved on a case-by-case basis, depending on the location of the client. You may be authorized for an RD rate for one client and not another client, under the same service. Please consult your Case Manager for more details.
 - If you are approved for RD for a client, please be advised of the following:
 - RD billing rates are closely verified every month.
 - You can only charge the RD rate on the days you are actually traveling.
 - You are required to prove your physical address.
 - You are required to tell both your Case Manager and notify Noridian within 14 days of any address change. Failure to do so may result in a temporary stop of authorized services and/or a repayment of money for services provided or may include termination of your enrollment.
 - If an error is found in billing or you are unable to provide proof of your physical address when requested, **any payments made during this time may have to be paid back.**
 - There are increased documentation requirements if approved for the RD Rate.
- **QSP Audits, State Exclusion & OIG Referrals**

Health and Human Services is required to complete reviews of QSPs to ensure clients are receiving the services they need and to assure the services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed to submit documentation upon request.

The Department is required to recover all funds paid for services not delivered in accordance with policies and procedures per ND Administrative Code 75-03-23-10. Examples (not a complete list):

 - Failure to keep appropriate records
 - If you did not provide the service
 - Billing over the authorized amount or billing the wrong code
 - Photocopied records, indicating service records were not completed at the time of service
 - Billing for an authorized task that is utilized in an unreasonable time frame
 - Failure to comply with a request to send records or information
 - Failure to set up payment arrangements or pay back funds paid in error
 - Professional incompetence or poor performance
 - Financial integrity issues
 - Certain criminal convictions
 - **Adjustments**
 - If the Department finds payments were inappropriately made to your Agency, the Department will request a refund or process adjustments to take back these funds.

- Some examples include (this list is not all-inclusive):
 - Audit findings
 - Inappropriate services
 - Services not provided
 - Provider self-disclosure of inappropriate payments received
 - Inappropriate billing, billing over authorization or wrong procedure code
 - Inappropriate documentation / records

▪ **Denials, Terminations and/or Exclusions**

If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the findings listed above (the list is not all-inclusive).

If you are excluded, you will not be eligible to provide services to clients whose care is reimbursed by federal health care programs such as Medicaid or by ND state funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.

You may be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

Once the OIG receives this referral, they make an independent decision based on their own criteria if the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. If excluded by OIG, this means that you could not work for any organization that receives Medicare or Medicaid funds.

After exclusion, if an individual wishes to again participate as a provider in the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive an authorized notice from OIG that reinstatement has been granted.

▪ **Formal Reviews**

A Formal Review may be requested if you disagree with any action regarding provider reimbursement. Per ND Admin Code 75-03-23-12, to request a formal review:

- Submit a formal written request in writing, within 30 days of notification of the adjustment or request for refund.
The notification may be contained in the remittance advice or may be included in a document sent to you by the Department.
- Within 30 days of requesting a review, provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review.
- A provider may not request a formal review of the rate paid for each disputed item.
- The Department has 75 days from the date we received the notice of a request for review to make a decision.
- **Send all requests for formal reviews to:**
Health and Human Services
Appeals Supervisor
State Capital – Judicial Wing
600 E Boulevard Ave
Bismarck, ND 58505

- **Fraud, Waste & Abuse**

Health and Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Medicaid provides healthcare coverage to qualifying low-income, disabled individuals and children, and families. HCBS is part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:

- Providers receive the best possible rates for the services they provide to Medicaid recipients;
- Recipients are assured their out-of-pocket costs are as low as possible;
- Tax dollars are properly spent;
- Recipients receive necessary healthcare services (including HCBS).

What is Fraud?

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person.

What is Abuse?

Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.

Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

What is my role in helping prevent Medicaid fraud and abuse?

REPORT any instance of suspected fraud or abuse.

Report Medicaid Fraud and Other Fraud

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it.

Examples of Fraud can include:

- Billing for services not performed
- Billing duplicate times for one service
- Billing outside the allowable limits
- Billing without an authorization to provide the service

To report suspected Medicaid Fraud, call, 1-800-755-2604 and ask to speak with an attendant, or email: medicaidfraud@nd.gov. To report other program fraud, call the Fraud Hotline at 1-800-472-2622 or email dhseo@nd.gov

How do I report Medicaid fraud or abuse?

- ❖ Phone 1.800.755.2604 or 701.328.4024
- ❖ Email medicaidfraud@nd.gov
- ❖ Fax 701.328.1544
- ❖ Mail

Fraud Waste & Abuse
Administrator
c/o Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250

- ❖ You can also complete the Surveillance and Utilization Review Section (SURS) Referral (SFN 20)

To learn more about fraud and abuse:
<https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider/medical-services-fraud-and-abuse>

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a system that uses a mobile device application on a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals in their homes by providers. Data may also be captured using a fixed object device (FOD) issued to the provider by HHS. This electronically verifies the service was provided at a particular location where the service is authorized, as required by the law. This system became effective January 1, 2020 and is used for billing and payment of services.

Services Subject to EVV:

Chore
Companionship
Extended Personal Care
Homemaker
Non-Medical Transportation – Escort
Non-Medical Transportation - Driver with Vehicle
Nurse Education
Personal Care
Respite Care
Supervision
Supported Employment
Transitional Living

Services NOT Subject to EVV:

Adult Residential Care
Assisted Living Facility – PC
Case Management
Community Support
Emergency Response System
Environmental Modification
Home Delivered Meals
Residential Habilitation
Respite Care - Institutional
Specialized Equipment
Transition Coordination

EVV Systems Must Verify:

- **Individual receiving** the service
- **Date** of the service
- **Type** of service performed
- **Location** of service delivery
- **Individual providing** the service
- **Time** the service begins and ends

All QSP agencies are required to participate in an EVV system if they enroll in at least one of the services subject to EVV. Agencies and their employees must have access to a FOB, phone, tablet, or laptop to utilize this system. This is necessary to check in and out when providing services, receiving service authorizations, and submitting claims electronically; paper claims are no longer be accepted.

The Department contracts with Therap to provide the EVV system, which includes billing and is available to QSP agencies free of charge. You may choose a different EVV provider but are responsible for setup and any fees associated with usage. If agencies choose to use an alternate system for billing, they must indicate this system prior to enrollment on the SFN 1606. If no alternative system is indicated, you will be automatically enrolled with Therap.

Providers are not required to use the EVV system selected for billing. You may select a different billing system or submit a professional claim electronically through MMIS. If the agency chooses to submit a professional claim through MMIS, it must include EVV data when applicable to the service provided.

If you choose to use Therap for billing, you are required to electronically submit an SFN 583 – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form.

- To submit this form electronically, visit: <https://www.nd.gov/eforms/Doc/sfn00583.pdf>.
- If using an alternate third-party system for billing, contact them to determine if this form is required. If required, you must submit the form electronically.
- If you are submitting your own professional claims, this form is not required.

An Aggregator system is used in conjunction with the EVV system to support claims integration and auditing and allows payers to connect adjudication to visit verification data in real time. This system aggregates EVV data from both Therap and third-party vendors.

If a third-party billing and/or EVV system other than Therap is selected by the agency, the company providing the system must contact Sandata, the state's selected aggregator system, prior to enrollment to ensure the systems are compatible.

For more information about the EVV system, visit: <https://youtu.be/SCUvxoZXAwY>

Therap will contact you directly once you are enrolled if your agency is utilizing their services to begin orientation. For further assistance, contact:

- E-mail ndsupport@therapservices.net
- Online <http://www.therapevv.net/nd>

QSP REVALIDATION

Revalidation is required a minimum of every five (5) years to maintain enrollment.

A notice of revalidation will be sent to QSPs approximately 180 days prior to your QSP enrollment expiration date. Your revalidation information must be received by Noridian no later than **30 days prior to your expiration date** to allow sufficient time for processing. **Payments will be suspended if a complete revalidation is not received by your expiration date.**

Agency revalidations require much of the same documentation as an initial enrollment (see Page 27 for more information).

To revalidate, you must complete and submit a complete, new packet and all required additional documentation. **The most current version of all forms must be used.**

- Some services such as Extended Personal Care, Nurse Education, Chore, Non-Medical Transportation, among others., require additional forms to complete revalidation. You must submit all required additional forms.

Failure to revalidate QSP enrollment may result in automatic closure of your QSP enrollment.

If you have not billed the Department for QSP services in a 24-month period or are not providing services to a public paying client, your QSP status may be closed.

Please Note: You are required to notify Noridian of any ownership changes within the Agency in writing within 30 days of the change. Additional documentation will be required.

APPENDIX

- **How to obtain an NPI (National Provider Identifier) number**

- ☐ Taxonomy Code:
 - A taxonomy code describes the type of services provided.
 - **253Z00000X** is the recommend taxonomy code for Home Supportive Care agency use.
- ☐ If you are already enrolled to provide services with Medicaid and have an existing account/NPI number, the taxonomy code associated with the services you provide as a Qualified Service Provider must be added.
 - **253Z00000X** is the recommend taxonomy code for Home Supportive Care agency use.
- ☐ NPI Type 2:
 - Organizational Providers (Group)
 - If you are enrolled as a QSP Agency you must apply as an organization; Individuals and Organizations have separate accounts.
- ☐ There are 2 ways to obtain an NPI:
 - Web-based Application - **PREFERRED AND QUICKEST METHOD**
 - See following pages for online process
 - Follow this link to begin the online process: <https://nppes.cms.hhs.gov/#/>
 - Mail in a paper application – Takes 2-3 weeks to receive
 - The paper form is available on the National Plan & Provider Enumeration System (NPPES) website:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms>
 - OMB No. 0938-0931
 - downloads/CMS10114.pdf
 - Page 5 of the application contains information regarding where the Form can be sent to.

****YOU ARE STRONGLY ENCOURAGED TO SUBMIT AN
ONLINE APPLICATION FOR TIMELY PROCESSING**

- **Compliance Program**

The Department requires QSP agencies submit copies of their compliance program upon request by the Department only. A compliance program consists of agency internal policies and procedures to help your agency comply with the law.

The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs) on their website that you can apply to your unique agency. There is no standard template; however, OIG specifies there are seven (7) basic fundamental elements of a compliance program: <https://oig.hhs.gov/compliance/compliance-guidance/>

- **Requirements:**

1. Standards, Policies, and Procedures
 - Update periodically as your organization grows and changes.
2. Designated Compliance Officer
 - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.
3. Conduct effective training
 - How will you educate your employees and ensure staff understands program policies?
4. Means of communication between the compliance officer and the employees.
 - Example: Comment boxes, anonymous hotlines or an open-door policy.
5. Internal monitoring process
 - Who will conduct audits to evaluate compliance efforts?
6. Enforce your standards
 - How will you ensure employees are following standards?
 - What action will be taken for noncompliance?
7. Response to issues
 - How quickly will reports of misconduct be addressed?

- **Additional Resources:**

- Compliance Program Basics – YouTube
<https://www.youtube.com/watch?v=bFT2KDTEjAk>
- Tips for Implementing an Effective Compliance Program – YouTube
https://www.youtube.com/watch?v=w_g1bVT12Yg
- Measuring Compliance Program Effectiveness: A Resource Guide
<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>

- **Quality Improvement (QI) Program**

QI programs identify, address, and mitigate harm to individuals being served under Home and Community Based Services (HCBS).

- ☐ If your agency is providing only one of the following services, a QI Program is not required:

- Chore Services
- Emergency Response System
- Environmental Modification
- Home Delivered Meals
- Specialized Equipment

- ☐ **Standard 1**: Implement policies and procedures to identify, address, and mitigate harm.

- **Required Policies & Procedures:**

The following policies and procedures must be established by the Agency prior to initial enrollment, then reviewed and updated with each revalidation. You do not need to submit these policies; however, they must be available upon request.

- Critical Incident Reporting Process
- Employee/contractor screening Process
 - Initial, routine, and ongoing
- Supervision of employee – include:
 - Who (classification or job title) supervises direct care employees?
 - How the supervision takes place (e.g., in individual's home, at office, by phone)
 - Frequency of supervision
- Smoking
 - include e-cigarettes/vaping, consuming alcoholic beverages, illegal drugs
- Soliciting or accepting gifts and money from the individual
- Conducting personal business in an individual's home
- Consuming the individual's food, using the individual's property, and/or handling the individual's money
- Timeliness of service delivery upon receipt of referral
 - Include routine and emergency referrals
- Plan to meet the requirement for seven (7) day per week service coverage (if applicable)
- Procedure for coverage for individuals during employee absence (vacation/sick leave)
- Confidentiality of individual's information
- Client complaint procedure
- Analysis of abuse, neglect, mistreatment and exploitation patterns and trends:
 - How data is analyzed for presence of patterns or trends,
 - How QSP will respond to issues identified through analysis in a timely manner

□ **Standard 2:**

- QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment, and exploitation
- Onboarding and annual training
 - Employee education on Fraud, Waste, Abuse detection and reporting
 - Staff training in strategies to prevent, identify, and mitigate harm, and the process of reporting
 - Reporting processes are clearly outlined and include who staff report to, what information needs to be reported, and what staff are responsible for doing.
 - Staff training on identifying and reporting critical incidents
 - Staff demonstrate competency in prevention, identification, and mitigation or harm and procedures to report harm;
 - The organization maintains internal documentation (available for state review/audit) of staff training;
 - Staff training is frequent enough to keep people safe from harm (recommended annually);
 - Staff training on required policies and procedures in Standard 1.

□ **Standard 3:**

- Clients or people receiving services (and families if applicable) from a QSP:
 - Know how to recognize and report allegations of abuse, neglect, mistreatment, and exploitation
 - Are provided information on recognizing and reporting possible incidents of harm (abuse, neglect, mistreatment, and exploitation)
 - Are given information on their rights and responsibilities as a service recipient.
 - This includes the right to be free from harm as well as the right to privacy, dignity and respect, freedom from coercion, freedom from restraint, and freedom to choose their QSP.
 - Are given information on how to share feedback/grievances, presented in an easy-to-understand manner.
- The QSP provides a mechanism for service recipients, and their families when applicable, to provide anonymous feedback.
 - Indicate if you have a process for collecting feedback i.e. through satisfaction survey
- The QSP shares results of investigations and its responses with people entitled to the information, including the alleged victim based on confidentiality rules.
- Alleged victims of harm (abuse, neglect, mistreatment, and/or exploitation received supports to mitigate the effects of ANME.
- The alleged victim is protected from harm when an allegation is made, and while an investigation is occurring.
 - Indicate process to investigate and substantiate incidents.

□ **Standard 4:**

- The QSP maintains a system to promote open communication with case management entities
- QSP staff document any noted changes in health conditions or support needs of service recipient.
 - Provide evidence of how this is documented.
- Changes in health condition or support needs are communicated timely with case management.
- The QSP has a system in place to ensure necessary support needs changes are responded to in a timely manner.
- The QSP is provided with sufficient information from the case management entity prior to engaging in services to ensure they can support the persona and keep them, and their employees, safe from harm.
 - Provide evidence of intake process
 - Ex - do you meet with the individual first, collect information from the health care provider, etc.

□ **Standard 5:**

- The QSP maintains documentation of services provided.
- Refer to Step 2: After QSP Enrollment on page 42 - 44 of this handbook for documentation requirements.
- Plan of staff training to accurately document time and tasks.
- Include documentation guidelines:
 - How your procedures assure accuracy of billing
 - An example of your documentation
 - Internal documentation review/audit of employee service records

- **Criminal Convictions**

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state, not including minor traffic violations, must be submitted to the Department. Criminal convictions may not prevent enrollment but must be reviewed to determine if standards for enrollment are met.

1. *If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated:
<https://ndlegis.gov/files/rule-changes/changes/dhs091021changes0230.pdf>*
2. *According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, unless sufficient evidence is provided of rehabilitation.*

Once enrolled, you are **required** to notify Noridian immediately if your conviction history changes.

- **High Risk Provider Guidelines and Additional Requirements**

Qualified Service Providers (QSPs) are classified as High Risk if any of the following criteria apply:

- ☐ You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
- ☐ You have been excluded on the OIG exclusion list within the last ten years
- ☐ You have an existing overpayment of funds of \$1500 or greater and all of the following:
 - The balance is more than 30 days old
 - Has not been repaid at the time application was filed
 - Is not currently being appealed
 - Is not part of an approved extended repayment schedule for entire outstanding overpayment

If you believe you may be a High-Risk provider or applicant, contact QSP Enrollment for further requirements prior to enrollment.

- **CMS HCBS Settings Final Rule (CMS 2249-F/2296-F)**

The settings rule was published in the Federal Register January 16, 2014. This applies to settings where HCBS waiver services are provided. The purpose of the rule is to ensure individuals receiving long-term services and supports through HCBS programs have full access to benefits of community living and opportunity to receive services in the most integrated setting appropriate. The settings rule requires that all home and community-based waiver settings meet certain qualifications.

- **Required Qualifications** include but are not limited to:
 - Be integrated in and support access to greater community.
 - Provide opportunity to seek employment and work in competitive settings, engage in community life, and control personal resources.
 - Ensure individuals receive services in community to the same degree of access as individuals not receiving Medicaid HCBS.
 - Ensure rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - Optimize individual initiative, autonomy and independence in making life choices.
 - Facilitate individual choice regarding services and supports, and who provides them.
 - Additional requirements for provider owned or controlled settings:
 - A lease or similar agreement that provides protection from eviction
 - Lockable entrance door's to the individual's unit
 - Freedom to control his/her daily schedule and activities
 - Freedom to furnish and decorate his/her living unit
 - Access to food at all times
 - Rights to accept visitors at anytime
 - Choice of roommate if a person lives in double occupancy room
 - Physical accessibility of the setting to the person's disability
 - These requirements can only be modified in limited circumstances as supported in the individual's assessment and person centered plan of care.
- **Provider-owned or controlled home and community-based residential settings** must meet additional requirements. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care and Adult Residential Care.
 - Provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).
- Waiver services cannot be provided in the following settings:
 - A skilled nursing facility
 - Institutional Respite care is excluded from this requirement
 - An Institution for Mental Diseases (IMD)
 - An Intermediate Care Facility (ICF) for individuals with intellectual disabilities; or a hospital.

HCBS Recipient's Right of Privacy, Dignity and Respect, and Freedom from Coercion and Restraint:

Individuals receiving HCBS have a right of privacy, dignity, and respect when receiving services. The use of coercion, seclusion, and restraint of recipients in all settings with the exception of the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02(1) is prohibited.

- **What is a VAPS Report?**

VAPS is Vulnerable Adult Protective Services. QSPs are required to file a VAPS report if an incident involves abuse, neglect or exploitation of an individual receiving services. Any QSP who is with an individual receiving services and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

- ☐ **How to file a VAPS report:**

- **Option 1:**

- Use the online reporting system: <https://fw2.harmonyis.net/NDLiveIntake/>

- **Option 2:**

- Complete a reporting form, SFN 1607 – Report of Vulnerable Adult, Abuse, Neglect, or Exploitation and submit to:
 - The link on the form: www.nd.gov/eforms/Doc/sfn01607.pdf
 - Email the form to: dhsvaps@nd.gov
 - Fax the form to: 701-328-8744

- **What is a Critical Incident Report?**

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a program participant.”

QSPs are required by federal law to report all critical incidents involving people they care for. A QSP who is with a client, is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

- ☐ **Incidents to be reported are:**

- Abuse (physical, emotional, sexual), neglect, or exploitation
 - Rights violations through omission or commission, failure to comply with the rights to which an individual is entitled as established by law, rule, regulation or policy
 - Serious injury or medical emergency, which would not be routinely provided by a primary care provider
 - Wandering or elopement
 - Restraint violations
 - Death of a client and cause (including death by suicide)
 - Report of all medication errors or omissions
 - Any event that could harm client’s health, safety or security if not corrected
 - Changes in health or behavior that may jeopardize continued services
 - Illnesses or injuries that resulted from unsafe or unsanitary conditions

- ☐ **How to Submit a Critical Incident Report:**

- As soon as you are aware of a critical incident:
 - **Step 1:**
 - Report it to the HCBS Case Manager **and**
 - **Step 2:**
 - Fill out a critical incident report using the General Event Report (GER) within the Therap case management system.
 - **Step 3:**
 - If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS Case Manager.

- The offline forms are available here:
https://help.therapservices.net/app/answers/detail/a_id/2039/kw/offline%20forms#OfflineForms-GER
- The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are completed and submitted together.
- Contact the HCBS Case Manager if you need assistance filling out the form. The completed critical incident needs to be entered into the Therap system or the GER offline form needs to be sent to the HCBS Case Manager within 24 hours of the incident.
- **Step 4:**
 - The HCBS Case Manager and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS Case Manager will fax the form to (701) 328-4875 or email: dhscbs@nd.gov. The Program administrator will then enter the GER Event Report and Event Type into Therap.
- If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to Vulnerable Adult Protective Services (VAPs).
 - See section above for instructions to submit a VAPS report.
- **Critical Incident Examples:**
 - **Example 1:** If a client falls while the QSP is in the room, but the client didn't sustain injury or require medical attention, a critical incident report is not required.
 - **Example 2:** If a family member informs the Case Manager that a client is in the hospital due to a stroke, a critical incident report is required because the Case Manager or the facility was made aware of the ER visit and/or the hospital admission.
 - **Example 3:** If a QSP comes to a client's home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a critical incident report is required because the client required medical attention AND the QSP was notified and aware of the event.
 - **Example 4:** If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.
 - **Example 5:** If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.
- **Remediation Plan**
A remediation plan must be developed and implemented for each incident except for death by natural causes. The Department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.
 - The remediation plan must include:
 - Corrective actions taken
 - Plan of future corrective actions
 - Timeline to complete the plan if applicable.
 - The HCBS Case Manager and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

Fire Safety Checklist for Caregivers of Older Adults

Older adults are more likely to die in home fires because they may move slower or have trouble hearing the smoke alarm. Make sure the people you know are prepared and safe.



Put a check in front of each statement that is true for your home.

Smoke Alarms

- ☐ Smoke alarms are on every level of the home.
- ☐ Smoke alarms are inside and outside sleeping areas.
- ☐ Smoke alarms are tested each month.
- ☐ Smoke alarm batteries are changed as needed.
- ☐ Smoke alarms are less than 10 years old.
- ☐ People can hear smoke alarms from any room.



Can everyone hear the alarm?

If not, consider another type of smoke alarm – like one that has a different sound or one that comes with a bed shaker or strobe light.

Escape Plan

- ☐ There is a fire escape plan that shows 2 ways out of every room.
- ☐ Exits are always clear and not blocked with furniture or other items.
- ☐ Everyone knows where the safe meeting place is outside the home.
- ☐ The escape plan works for everyone, including people who use a wheelchair, a hearing aid, or glasses.
- ☐ There is a phone near the bed to call a local emergency number in case of a fire.



Can everyone get out?

Make sure people who use a wheelchair or a cane can get to them and get out quickly. Tell them to keep glasses or hearing aids next to the bed.

Cooking Safety

- ☐ The cooking area has no items that can burn.
- ☐ People stay in the kitchen when they are frying, grilling, boiling, or broiling food.

Smoking Safety

If they smoke, make sure they are a fire-safe smoker:

- ☐ People only smoke outside and never in bed.
- ☐ People put cigarettes out safely in an ashtray with a wide base that will not tip over.
- ☐ People never smoke around medical oxygen.

Heating Safety

- ☐ Space heaters are least 3 feet away from anything that can burn.
- ☐ People blow out candles before leaving the room.

Carbon Monoxide Alarms

- ☐ Carbon monoxide alarms are located on each level of the home.
- ☐ Carbon monoxide alarms are less than 7 years old.

Electrical and Appliance Safety

- ☐ No electrical cords run under rugs.
- ☐ All electrical cords are in good condition and not broken or cut.
- ☐ People clean the dryer of lint after every use.
- ☐ All plug outlets are safe and do not feel warm when you touch them. (If they are warm, call the landlord or an electrician.)

Learn more about fire prevention:
www.usfa.fema.gov

U.S. Fire
Administration



FEMA



March 2006

The "Invisible" KILLER

Carbon Monoxide (CO) is the "invisible" killer. Carbon monoxide is a colorless and odorless gas. Every year more than 100 people in the United States die from unintentional exposure to carbon monoxide associated with consumer products.

What is carbon monoxide?

Carbon monoxide is produced by burning fuel. Therefore, any fuel-burning appliance in your home is a potential CO source.

When cooking or heating appliances are kept in good working order, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home.

Running a car or generator in an attached garage can cause fatal CO poisoning in the home. So can running a generator or burning charcoal in the basement, crawlspace, or living area of the home.

What should you do?

Proper installation, operation, and maintenance of fuel-burning appliances in the home is the most important factor in reducing the risk of CO poisoning.

Make sure appliances are installed according to the manufacturer's instructions and the local codes. Most appliances should be installed by professionals.

Always follow the appliance manufacturer's directions for safe operation.

Have the heating system (including chimneys and vents) inspected and serviced annually by a trained service technician.

Examine vents and chimneys regularly for improper connections, visible cracks, rust or stains.

Look for problems that could indicate improper appliance operations:

- Decreased hot water supply
- Furnace unable to heat house or runs continuously
- Sooting, especially on appliances and vents
- Unfamiliar, or burning odor
- Increased moisture inside of windows

Operate portable generators outdoors and away from open doors, windows, and vents that could allow CO to come indoors.

In addition, install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home. Every home should have a CO alarm in the hallway near the bedrooms in each separate sleeping area. The CO alarms should be certified to the requirements of the most recent UL, IAS, or CSA standard for CO alarms. Test your CO alarms frequently and replace dead batteries. A CO alarm can provide added protection, but is no substitute for proper installation, use and upkeep of appliances that are potential CO sources.

Symptoms of CO poisoning

The initial symptoms of CO poisoning are similar to the flu (but without the fever) They include:

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.

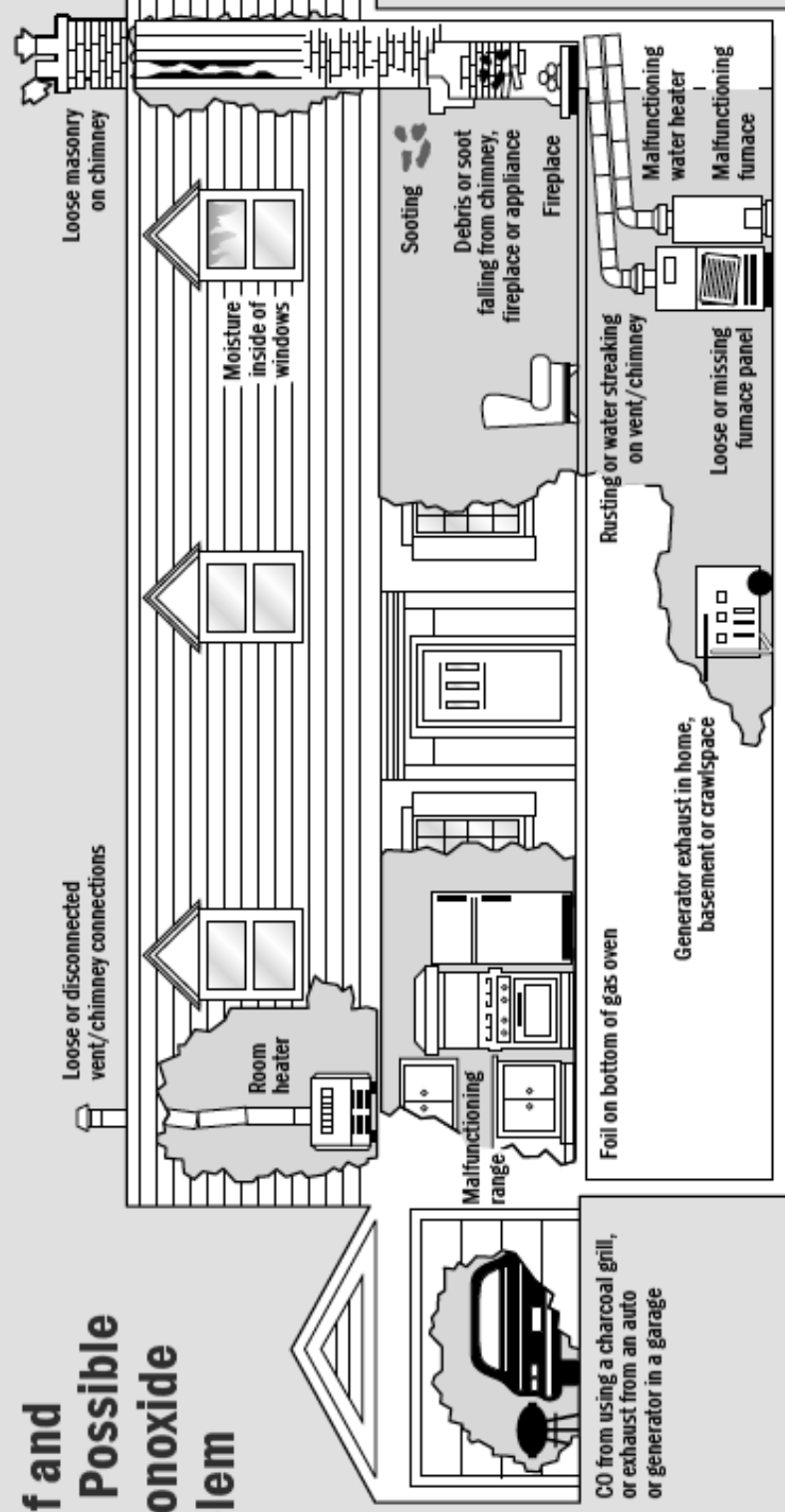


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

Consumers can obtain recall information at CPSC's web site at <http://www.cpsc.gov>. Consumers can report product hazards to info@cpsc.gov.

U.S. Consumer Product Safety Commission
Washington, DC 20207

Sources of and Clues to a Possible Carbon Monoxide (CO) Problem



Carbon monoxide clues you can see...

- Rusting or water streaking on vent/chimney
- Loose or missing furnace panel
- Sooting
- Debris or soot falling from chimney, fireplace, or appliances
- Loose or disconnected vent/chimney, fireplace or appliance
- Loose masonry on chimney
- Moisture inside of windows

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
 - Hidden blockage or damage in chimneys
- Only a trained service technician can detect hidden problems and correct these conditions!
- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.

Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or

- using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.
- Never burn charcoal in homes, tents, vehicles, or garages.
 - Never install or service combustion appliances without proper knowledge, skills, and tools.
 - Never use a gas range, oven, or dryer for heating.
 - Never put foil on bottom of a gas oven because it interferes with combustion.
 - Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.

Guidelines for Universal Precautions

- **Handwashing:**

- ☐ Before, during and after preparing food.
- ☐ Before eating food.
- ☐ Before and after caring for someone who is sick with vomiting or diarrhea.
- ☐ Before and after treating a cut or a wound.
- ☐ After using the toilet.
- ☐ After changing incontinent care products.
- ☐ After blowing your nose, coughing, or sneezing.
- ☐ After touching an animal, animal feed or animal waste.
- ☐ After handling pet food or pet treats.
- ☐ After touching garbage.
- ☐ After you have been in a public place and touched an item or surface that is touched by other people.
- ☐ Before touching your eyes, nose, or mouth.
- ☐ When hands are visibly soiled.
- ☐ Immediately after removal of any personal protective equipment.
(Example: gloves, gown, masks)
- ☐ Before and after providing any direct personal cares.
- ☐ **Follow these steps when wash your hands every time:**
www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf
- ☐ **If soap and water are not available:**
 - Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- ☐ **Follow these steps when using hand sanitizer:**
 - Apply the gel product to the palm of one hand in the correct amount.
 - Rub your hands together.
 - Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
 - Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.

- **Personal Protective Equipment (PPE) use:**

- ☐ **Gloves**
 - **Wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.**
 - Perform hand hygiene prior to putting on gloves
 - Remove jewelry; cover abrasions then wash and dry hands
 - Ensure gloves are intact without tears or imperfections
 - Fit gloves, adjusting at the cuffs
 - Remove by gripping at cuffs
 - Immediately dispose of gloves in waste basket
 - Wash hands after removing gloves
 - Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
 - DO NOT reuse gloves, they should be changed after contact with each individual
- ☐ **Gowns**
 - **Wear during cares likely to produce splashes of blood or other body fluids.**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.

- Tie all the ties on the gown behind the neck and waist.
 - Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
 - Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
 - Dispose the gown in waste basket.
 - Perform hand hygiene after removing gowns.
- ☐ Masks
- Follow community guidance for source control based on community transmission of Covid-19.
 - Clean hands with soap and water or hand sanitizer before touching the mask.
 - Secure ties or elastic bands at middle of head and neck.
 - Fit flexible band to nose bridge.
 - Fit snug to face and below chin.
 - With clean hands, untie or break ties at back of head.
 - Remove mask by only handling at the ties, then discard in waste basket.
 - Wash hands.
 - Homemade masks can be used as a last resort; these should be washed/disinfected daily.
 - DO NOT reuse face masks.
- ☐ Full PPE
- Includes gloves, gown, mask and goggles or face shield.
 - Recommended if there is a suspected or confirmed positive COVID-19 case.
- ☐ Goggles/Face Shields
- Used to protect the eyes, nose and mouth during patient care activities likely to generate splashes or sprays of body fluids, blood, or excretions.
- ☐ Additional Resource:
- <https://www.hhs.nd.gov/health/coronavirus>
- **Sharps:**
- ☐ Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.
- Do not recap needles or remove needles from syringe.
 - After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.
 - Clean any equipment used for the individual before and after each use.



North Dakota's centralized source
of support and information for
Qualified Service Providers

 ndqsphub.org

 (701) 777-3432

 info@ndqsphub.org

 North Dakota QSP Hub

Who We Are

The North Dakota Qualified Service Provider Hub serves the state of North Dakota and is located at the Center for Rural Health, University of North Dakota.

Purpose of the ND QSP Hub

To create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.



Services/Assistance Provided by the ND QSP Hub

- One-on-one individualized support via email, phone, or video conferencing to assist with:
 - » Enrollment
 - » Service authorizations
 - » Electronic visit verification (Therap)
 - » Documentation
 - » Billing processes
 - » Renewal
 - » Business operations and processes
- Library of easy-to-understand tip sheets and guides
- Create a mentoring network for QSPs and QSP agencies
- Create awareness of home and community-based service policy changes and updates

North Dakota QSP Hub
Center for Rural Health, University of North Dakota, 1301 N Columbia Rd, Stop 9037, Grand Forks, ND 58202-9037